

One Municipal Plaza, Freehold, NJ 07728

WIRELESS COMMUNICATION FACILITIES MODIFICATION APPLICATION & CHECKLIST (EXHIBIT J)

INDICATE WHETHER THE PROPOSED MODIFICATION
CONSTITUTES A SUBSTANTIAL CHANGE TO AN EXISTING YES NO
STRUCTURE PURSUANT TO SECTION 190-172D OF THE
LAND USE ORDINANCE.

I. RESPONSIBLE PARTIES

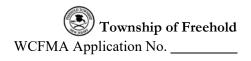
City, State:	Zip Code:
Telephone No.:	Fax No.:
PROPERTY OWNER (if	other than Applicant)
` `	
Street Address:	
City, State:	Zip Code:
Telephone No.:	Fax No.:
Street Address:	Zip Code:
City. State:	
City, State:	
Telephone No.:	Fax No.:
Telephone No.:	
Telephone No.:	Fax No.:
Telephone No.: E-Mail: APPLICANT'S ENGINEI Name:	Fax No.: ER / ARCHITECT
Telephone No.: E-Mail: APPLICANT'S ENGINE Name: Street Address:	Fax No.:ER / ARCHITECT
Telephone No.: E-Mail: APPLICANT'S ENGINEI Name: Street Address: City, State:	Fax No.: ER / ARCHITECT Zip Code:
Telephone No.: E-Mail: APPLICANT'S ENGINE Name: Street Address: City, State: Telephone No.:	Fax No.:ER / ARCHITECT

II. PROJECT LOCATION

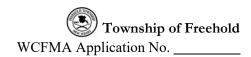
	1. Block(s):Lot(s):
	2. Street Address:
	3. Zone:
	4. Site Area:
	5. Does site abut a County Road?
	6. Does site abut a State Road?
	7. List any adjoining streams or water courses
<u>III. </u>	DETAILED WRITTEN DESCRIPTION OF PROPOSED PROJECT:

IV. COMPLETENESS CHECKLIST

C	N	N/A	
<u> </u>	<u> </u>	<u>-</u>	 Fees: a. Application Fee (\$315.00) * b. Escrow (\$3,000.00) c. Submit Tax ID Form W-9 with above fees (must match check)
			* reflects automatic fee increase – see Chapter 150-2A.
_	_	_	2. A location plan drawn to scale and clearly indicating the location type and height of the proposed equipment, on-site land uses an zoning, adjacent land uses and zoning (including when adjacent other municipalities), Master Plan classification of the site and a properties within two hundred (200) feet of the property which is the subject of the application, adjacent roadways, proposed means access, setbacks from property lines, elevation drawings of the proposed tower and any other structures, topography, and parking.
			3. A legal description of the parent tract and leased parcel (if applicable).
			4. Existing and approved supporting towers for all providers of wireless communication services within one (1) mile of the subject site, both within and outside of Freehold Township.
	_		a. Mapped Locationb. Written Description
			5. Existing or approved water towers or water standpipes and existing high tension power line stanchions within one (1) mile of the subject site, both within and outside of Freehold Township:
			a. Mapped Locationb. Written Description
			6. How the location of the proposed modification specifically relates to
			a. The anticipated need for additional antennas and supportir structures within and near the Township of Freehold by the applicant and by other providers of wireless communication services within the Township.
			b. The objective of collocating the antennas of many different providers of wireless communication services on a sing supporting structure; and
			7. A description of the type and quantity of equipment to be installed.



C	N	N/A	
			8. The finished color and, if applicable, the method of camouflage and illumination of the existing structure and equipment.
		_	9. The finished color and, if applicable, the method of camouflage and illumination of the proposed structure and equipment (excluding equipment shelters – see #17).
			10. A description of any proposed excavation.
			11. A description of the change in tower height as a result of the proposed collocation, removal, or replacement.
			12. A description of the change in the height of any other structure as a result of the proposed collocation, removal, or replacement.
			13. A description of the change in width of the tower or structure at the height of the proposed collocation, removal, or replacement.
		—	14. A description of the proximity of the equipment to any other equipment on the same structure and of the visibility of the proposed equipment from the surrounding property.
			15. A description of the noise level emitted by any proposed equipment.
			16. A description of any proposed lighting, and if any:
_	_	<u> </u>	a. All applicable FAA requirements for such lighting;b. Proposed focusing/shielding to avoid projection towards adjacent/nearby properties.
			17. A description of any proposed equipment shelters, including:
			a. Number of proposed shelters;
			b. Location of proposed shelters;
			c. Height;
			d. Area;
		-	e. Color;
		-	f. Camouflage;
			g. Lighting;
			h. Whether a generator is required;
			i. Potential interference with public safety communications;j. Whether electronic equipment will be automated.
			J Itemet eternome equipment will be untomuted.
		_	18. Identification of the entities providing the backhaul network for the tower(s) described in the application and other cellular sites owned or operated by the applicant in the municipality.



C	N	N/A	
			19. A description of the suitability of the use of existing towers, other structures or alternative technology not requiring the use of towers or structures to provide the services to be provided through the use of the proposed tower.
			20. A description of the feasible location(s) of future towers or antennas within the Township based upon existing physical, engineering, technological or geographical limitations in the event the proposed collocation is permitted.
			21. Proof of compliance with Section 190-233 of the Land Use Ordinance of the Township of Freehold if the application concerns property located within a historic district, or property that is considered a historic landmark or a site of Historic Interest, as defined in Section 190-231, or as defined by applicable State or Federal law.
			22. Separate letter addressed to the Township Clerk justifying each item marked "N" or "N/A".

NOTE: If any item in this checklist is not provided with the submission, the application will be deemed INCOMPLETE and will be returned to the Applicant for resubmission.

V. AFFIDAVIT OF COMPLETENESS

I/we, the undersigned, certify that this application fully complies with the current Land Use Ordinance of the Township of Freehold. I/we further certify that all information contained herein is complete and accurate to the best of my/our knowledge.

Applicant/Owner Name (Prin	t or Type)	Professional's Name (Print or Typ	pe)
Signature	Date	Signature/Seal & License No.	Date

VI. CONSENT OF OWNER

	(name of owner) do/does he	ereby consent to the filing an	ıd
processing of a Wireless Communication	Facilities Modification A	Application to be made	ру
	_ (name of applicant). This	consent applies to premis	es
located on	_(st	treet address) and described as	S
Lot(s)in Block	as shown on	the Tax Map of the Township	of
Freehold. I/We hereby authorize said applican	to execute all documents a	and perform all acts necessary	in
conjunction with said application as though sam	e were applied for and proce	essed by us.	
(Name of Owner)			
(Name of Owner)			
(Address of Owner(s))			

VII. CONSENT TO INSPECT

APPLICATION NAME:		
APPLICATION NO.:		
I/We, as owners of Lot(s)	in Block (s)	
Communication Facilities Modification consent to have said premises inspec	wnship of Freehold, which is the subject of an applers to the Freehold Township Clerk under the above cted by members of the Township, consultants to ning to this application. This shall include the privile	number, do hereby
OWNER	DATE	
OWNER	DATE	

VIII. TAX STATEMENT

Taxes must be current and will be verified.

This is to certify that taxes have be	en paid and are current for p	property owned by
at(A	.ddress)	
known as Block (s)		
into wir ato Broom (o)	, 200 (0)	
FOR OFFICE USE ONLY:	☐ Taxes are Current	☐ Taxes are Delinquent
Taxes for the next quarter are due_	(Date)	
CERTIFIED BY:	,	
Office of the Tax Collector	Date	

IX. ESCROW MAINTENANCE FORM

I understand that as owner and/or applicant that I am responsible to maintain an escrow account with the Township that will be used to pay for professional reviews of the project. The reviews are charged on an hourly basis and will be billed monthly. If my account is not kept current work will not continue on the processing of the Application.

Person/Firm Responsible for Receiving Financial Account Information:			
Email address:			
Address:	Phone:		
Prefer to receive statements via: □ Regular Mail	□ Electronic Mail		
OWNER	DATE		
APPLICANT	DATE		